



ASHBURTON CAR CLUB
INCORPORATED
PO Box 163, ASHBURTON

SINGLE EVENT MEMBERSHIP APPLICATION
MEMBERSHIP APPLICATION

I hereby apply for membership of the Ashburton Car Club (Inc) and agree to be bound by the rules and regulations of the Club

Name (In Full)

Address

Telephone Home Work Mobile Fax

E-Mail Address

Date of Birth **Make of Car** **Capacity**

Signature **Date**